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PRIMARY HEALTH CENTRES

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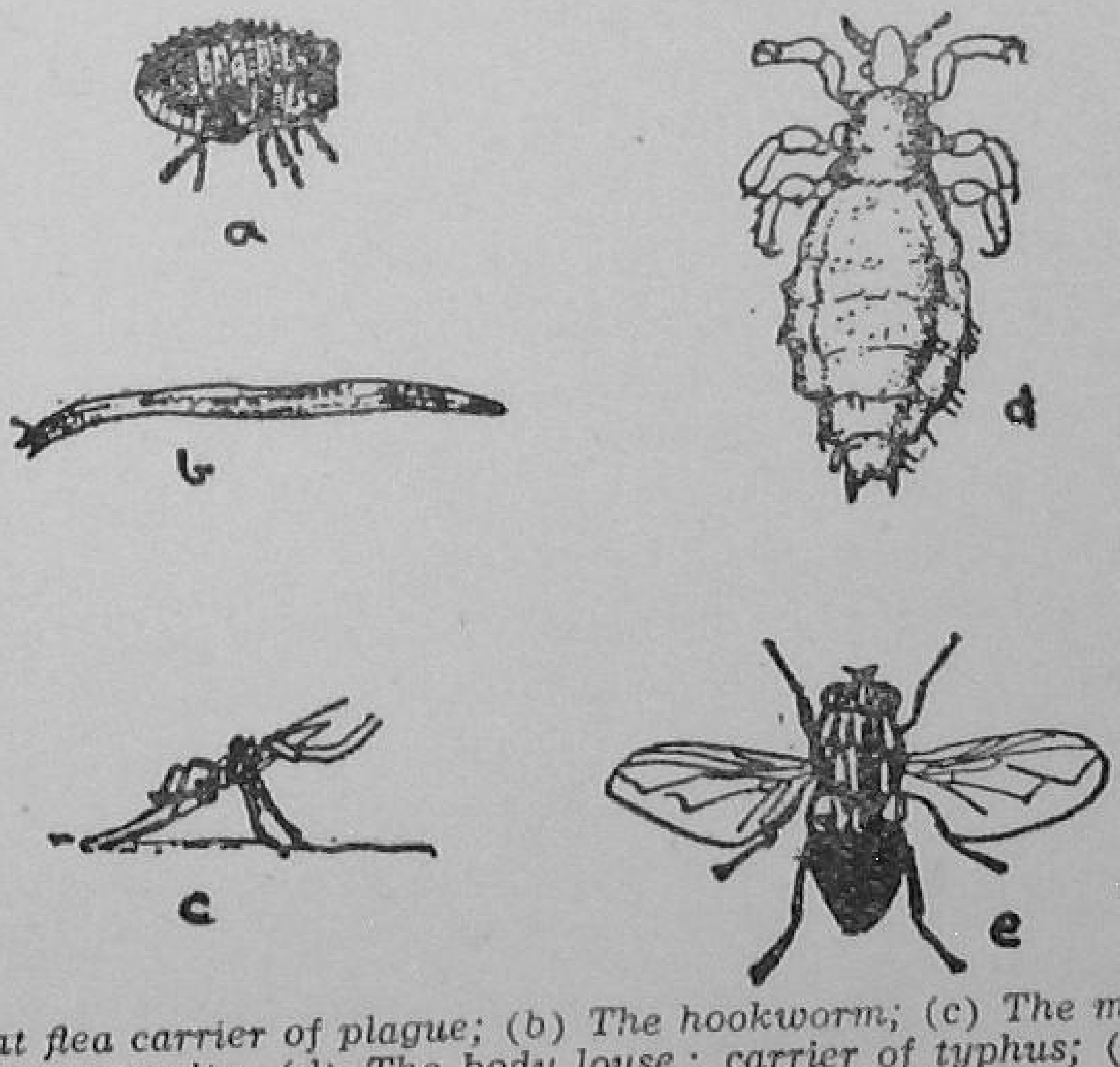
CHAPTER I

OUR SURROUNDINGS

Ours is primarily an agricultural country. According to the 1951 census, we have as many as 563,000 villages, in which 295 million live out of a total population of 356.8 million. This works out at over 82 per cent. Indeed, the happiness and prosperity of our people in the villages is the happiness and prosperity of India.

And yet, unfortunately, the conditions in the villages are not as they should be. The health of the people is very poor. The standard of living is deplorably low. The houses are dark, dingy and ill-ventilated. The surround-



(a) Rat flea carrier of plague; (b) The hookworm; (c) The malaria-carrying mosquito; (d) The body louse : carrier of typhus; (e) The house fly : carrier of typhoid and infantile diarrhoea.

ings are insanitary and unsightly. The ponds are stagnant, germ-contaminated and muddy. There is a total absence of sanitary services like drainage, family or community latrines, scavenging and street cleaning. Such conditions tend to impair our health, our vitality, our capacity to work. Inevitably, the incidence of sickness is high in the countryside.

Indeed, our major enemy in the villages is disease. And this enemy is everywhere. It is present as germs in the water we drink from our ponds and tanks where buffaloes wallow. Then, there is the house fly which feeds on filth and contaminates food by settling on it. More often, it is the mosquito that buzzes unobserved in the dark and quietly runs away after pinching us somewhere. The enemy may also appear in the form of a flea from a rat.

CHAPTER II

OUR HEALTH

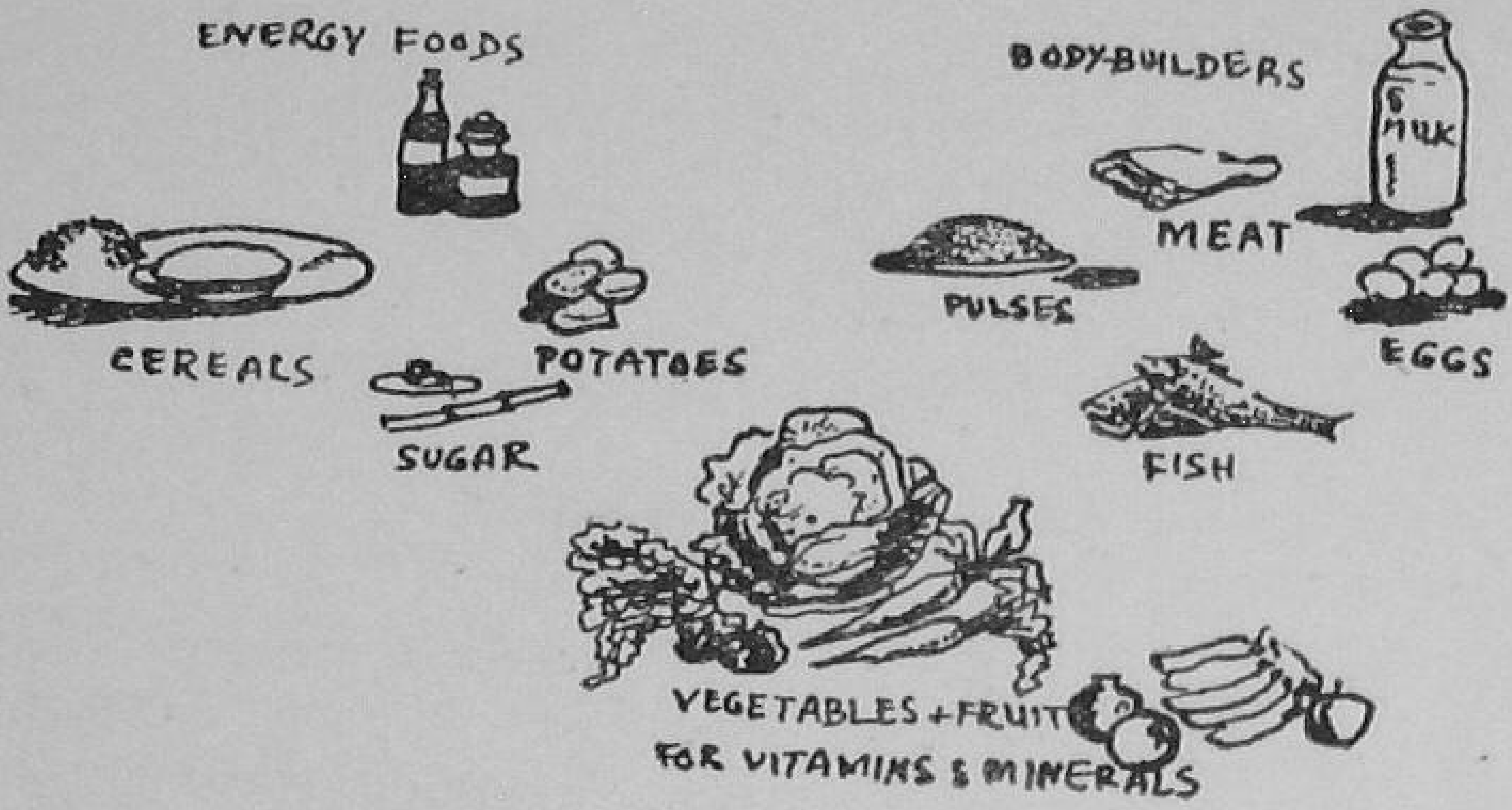
We have seen that our major enemy is disease. And the enemy lies in wait all around us. It must be fought.

But, you will ask, what is the condition of our health? Well, nearly ten lakh people die annually of malaria. More than five lakhs fall victim to tuberculosis. Cholera accounts for more than one lakh deaths. Dysentery and diarrohea take a yearly toll of more than two and a half lakhs. Small-pox is another major epidemic disease and thousands, mostly children, die of it. Every year more than two lakh women die in childbirth alone. And for every hundred deaths, more than fifty are infants below twelve months. Obviously, this is a very gloomy picture.

Another question naturally arises : why is our health so poor? There are several causes. One is unclean surroundings. Proper sanitation is very important for human health and fitness. This includes safe water, sanitary latrines, improved houses and clean surroundings. Unless we have a clean village, we are bound to fall ill.

Next is food. Food, as we know, is the foundation of health. Many of us, unfortunately, do not get a square meal a day. Then, the food of many more millions is poor or ill-balanced. Moreover, the kind of food we eat reduces our vitality and power of resistance. Nothing surprising that the majority of our ailments are due to our faulty diet. Three-fourths of our illnesses would disappear, if only we eat clean, wholesome, nutritious food.

There is another reason, too. The majority of us are indifferent to ordinary rules of healthy living and less alert to the need of medical care and less demanding for ade-



quate health services. We are reluctant to abandon age-long customs and beliefs which help to promote disease and hinder maternity and child welfare work and diet reform. Then, we have not enough doctors, midwives, hospitals and dispensaries in the countryside. Inevitably, we suffer.

What, then, are we to do? Already, the battle is on in hospitals and dispensaries, in research laboratories and institutes, in schools and colleges, in cities and towns, in thousands of our villages. But this alone is not enough to win the battle. We need the active co-operation of each one of us, be he man, woman or child, in our efforts to fight disease. Remember, we can never become healthy unless we wish to be healthy.

The public health authorities will confront the enemy on other fronts. They are: the provision of clean water, hygienic disposal of human waste, the control of malaria, cholera, dysentery, diarrohea and other diseases, the setting up of welfare centres for mothers and children, the provision of good cheap houses and the education of the people in healthy living.

CHAPTER III

HEALTH PROGRAMME

Ours, as seen earlier, is a vast public health problem. This becomes more complicated in view of the absence of hygienic services in our villages. The growth of such services, however, takes time. Therefore, simultaneously, curative and preventive measures are being taken. The one such step is the opening of the primary health centres in the rural areas. For the present, owing to the limited number of trained medical and health personnel being available, one such centre is being set up with three maternity sub-centres in each of the National Extension Service blocks and a trained *dai* for every village level worker's circle during the second Five Year Plan. Thus, health has become an integral and essential part of the Community and National Extension Service Development Programme. Indeed, the success of our programme depends on our being physically and mentally fit.

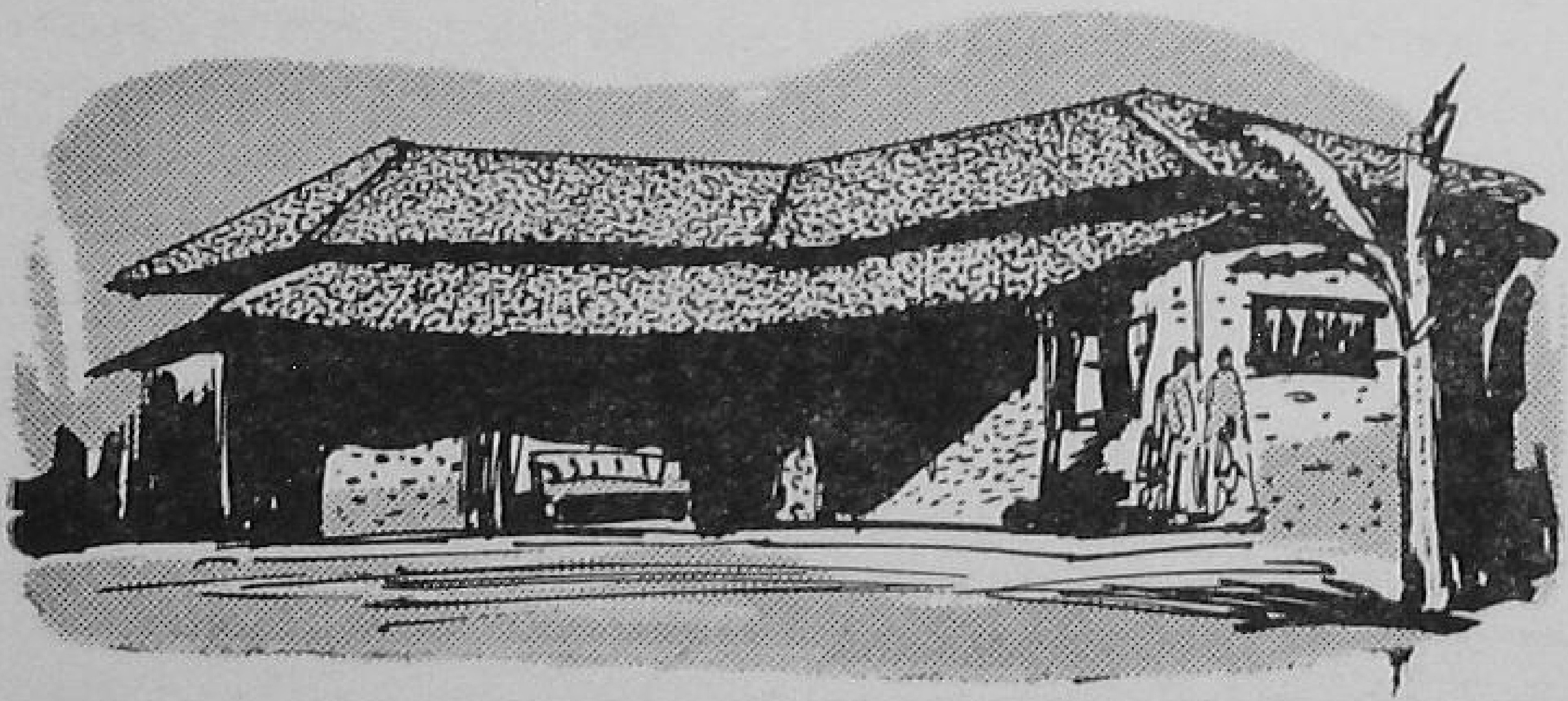
The medical and health department of the State concerned will be responsible for the initiation and development of the health programme in the project areas, the Development Commissioner acting as the co-ordinating authority. The district medical officer of health, in whose area the National Extension block is situated, will supervise the work of the technical staff and the services provided by the primary health centre, besides giving technical advice.

CHAPTER IV

PRIMARY HEALTH CENTRE

What exactly is a primary health centre? What is it expected to do? What are its main functions? How will it discharge them ?

Well, broadly speaking, a primary health centre is a small unit providing medical care for every adult and child living in the Community Project areas and National Extension blocks. The medical assistance will be both of a curative and preventive nature. The former will cover clinical



treatment of the disease and the care of the patient. The preventive type of treatment will, on the other hand, deal with measures like D.D.T. spraying, mass vaccination and inoculation for the control of epidemic diseases and dissemination of information among the people in regard to hygienic living. Besides, the centre will provide facilities for diagnosis and minor operations and for maternity and child health care. It will, at the same time, look after the physical well-being of the school children by carrying

out periodic health check-ups and educating them in the rules of personal hygiene. The centre will also give advice on family planning.

Each primary health centre will, for the present, attend to about a hundred villages with a population of 66,000. Thus, it is proposed to establish the centre at a convenient place well within the reach of each one of us, preferably at the headquarters of the Community Development|National Extension Service blocks.

Naturally, the centre will have a sufficiently big building with a consulting room, a dispensary and six indoor beds. Residential accommodation will also be provided for the staff on the premises of the centre.

VILLAGERS' DUTY

It is obvious that the primary health centre can function only with the co-operation of each one of us for whom it is meant. Each one of us should try to get as much advantage as possible from the centre. There is one matter in which we can be of great help. In case of emergency, we should inform the nearest centre so that medical aid may be available as quickly as possible.

VILLAGE LEVEL WORKER

The village level worker has also a very important role to play. It is he who is to keep the block headquarters informed about the health conditions in his area. Again, it is he who has to persuade each one of us to get vaccinated and inoculated. Then, in many cases, he may be solely responsible for the health work at the village level. Hence he should have a knowledge of the simple techniques relating to health, such as the disinfection of water, elementary knowledge of first aid, etc., of village sanitation, of drainage and water supply, of the methods of construction of cheap sanitary latrines and house drains and of other simple measures that can be adopted for the protection of wells from contamination. He may also be required to collect vital statistics pertaining to health problems. Above

all, he should be trained to get into the spirit of the work and act as a valuable guide to each one of us.

PROJECT OFFICER

The project officer, though not directly concerned with the primary health centre, has an idea of its work and helps in the implementation of its programme. He tries to secure the co-operation of the staff of the various departments working in the project area and co-ordinate their activities for the promotion of medical and health services in his area, particularly in the preventive and curative activities of the primary health centre.

Our medical and health staff should also try to seek the people's co-operation. Such co-operation will easily be available if the health staff view the problem of health from a wider angle and approach the task in a spirit of service without attaching undue importance to the duties and responsibilities of each individual. Such co-operation is not only essential, but will be immensely beneficial. It will enable medical aid to reach our very door in the village. It will help the primary centre in its efforts to prevent epidemics spreading in the area. It will promote the programme for the introduction of latrines, soak pits and smokeless *chullas* by enlisting the people's support. Above all, it will enable us to persuade our people to give up their prejudice against such preventive measures as vaccination and inoculation.

As for the curative side, it may be necessary, particularly in the villages situated at a distance, to have medical chests which could be operated by a responsible person in the area, for instance, the village level worker. The chest will contain simple medicines for minor ailments.

CHAPTER V

THE STAFF

The main object of a primary health centre, as stated earlier, is to supplement the medical and health facilities existing in the area. To achieve this objective, each centre has been provided with a minimum staff of ten consisting of a medical officer, a compounder, a lady health visitor, four midwives, a sanitary inspector and two class IV staff. Of these, the lady health visitor and a midwife are posted at the primary health centre and the other three at the maternity sub-centres so that they may attend to people as promptly as possible.

Obviously, the staff is wholly inadequate to serve even the minimum needs of a population of 60,000 covering approximately a hundred villages. In fact, for making adequate medical facilities available to the people, we should need a staff of at least three times the present strength. We are, unfortunately, extremely short of trained personnel as well as funds. Already, the programme for training more personnel is in progress, particularly the lady health visitors, nurses and midwives.

In order that we may serve our people efficiently, it is essential that each member of our health staff should know exactly his or her duties which he or she is expected to perform.

MEDICAL OFFICER

Among the main functions of the medical officer, who will be in charge of the centre, are included duties, such as the organization of curative and preventive measures,

the supervision of the work of the public health staff, the organization, direction and control of the different health activities in the area, the carrying out of health surveys for the collection and maintenance of statistics and other records, the control of epidemics, the maintenance of close liaison with extension workers, particularly the social education organizer, the dissemination of health information and, finally, the carrying out of medical examination of school children and their treatment.

LADY HEALTH VISITOR

The lady health visitor is responsible for the development of maternal and child health services. Thus, she will conduct ante-natal and baby and toddlers' clinics at the primary health centre as well as at the maternity sub-centres, arrange for group talks for expectant mothers, pay visits to homes where, besides giving advice on maternity and child health, will give simple demonstrations for relieving common ailments like lousiness, scabies, sore eyes, etc., and carry out the medical examination of girl students and their treatment. In addition, she will give advice on family planning.

MIDWIFE

Besides assisting the lady health visitor in her work, the main function of the midwife will be to help in the training of the local untrained *dais* in better methods and techniques of conducting deliveries and in encouraging the expectant mothers to come to the centre and participate in the programme for the promotion of health education.

SANITARY INSPECTOR

While assisting the medical officer of health to carry out health surveys of the villages situated in the block, the sanitary inspector will collect and consolidate the statistics. He will, in addition, look after the sanitation

of the surrounding areas, help in the construction of wells, latrines and urinals, smokless *chullas*, soakage pits and the like, visit schools to look into the environmental conditions and speak to students and teachers on health problems. He will also take measures for the control of communicable diseases like immunization against small-pox, cholera and plague, disinfectioin of wells and homes and spraying of residual insecticide against flies and mosquitoes.

Furthermore, the sanitary inspector will take steps for the isolation and treatment of patients suffering from leprosy, tuberculosis, filariasis, etc., carry out health education programmes through the assistance of the village level worker, social education organizer and school teachers, organize village health committees and maintain close liaison with other voluntary organizations for the implementation of the programme.

CHAPTER VI

HEALTH ACTIVITIES

We know ours is a democratic country. We cannot force a person to do anything against his will. Nor can we make him well if he does not want to be healthy. But he can certainly be persuaded to do the correct thing, if he is anxious to keep fit and well. Education in healthy living should, therefore, form an integral part of our health programme. Indeed, no programme for the development of our health can hope to succeed without health education. It should be the primary duty of the medical and health staff serving in the Community Project areas to educate our people in the elementary rules of hygienic living. Such education will encourage them to undertake health programmes and modify their habits of living and concepts about disease.

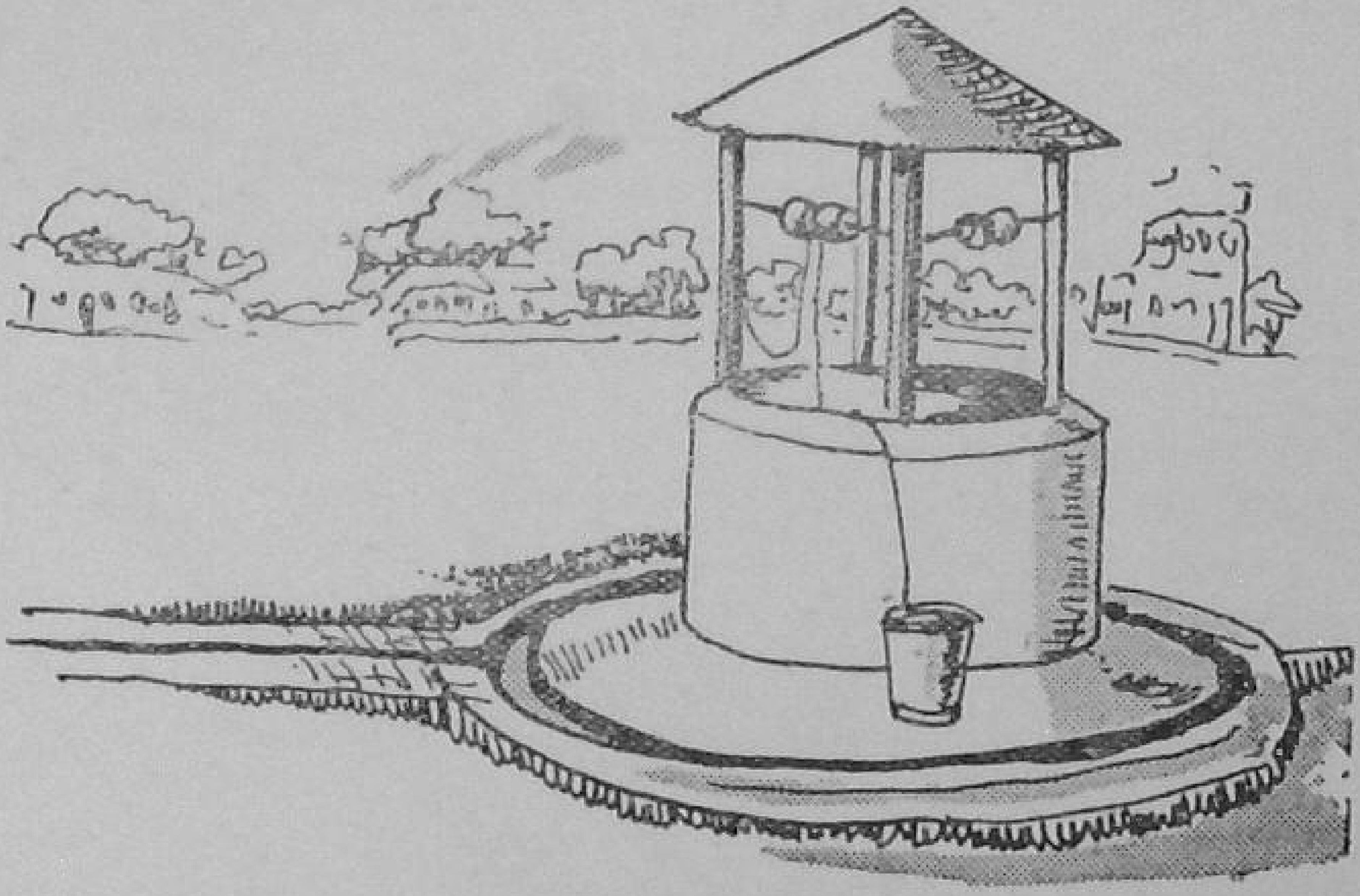
Of course, the health staff should work in close co-operation with other personnel serving in the area. The knowledge about the simple rules of health, hygiene and sanitation can be imparted to the people not only by the technical staff but also by others who work in the Community Projects. Hence, it is highly desirable that all the workers employed in the Community Projects should be given adequate training in various problems relating to health.

ENVIRONMENTAL SANITATION

Then comes the problem of environmental sanitation. The creation and maintenance of an environment con-

ducive to healthful living is of greater importance than the provision of health services.

But what does environmental sanitation mean? It means safe water, sanitary latrines, improved houses and general sanitation. Gandhiji, we might remember, always laid great stress on rural sanitation. Indeed, a clean village with good wells, latrines and houses is very important for our health.

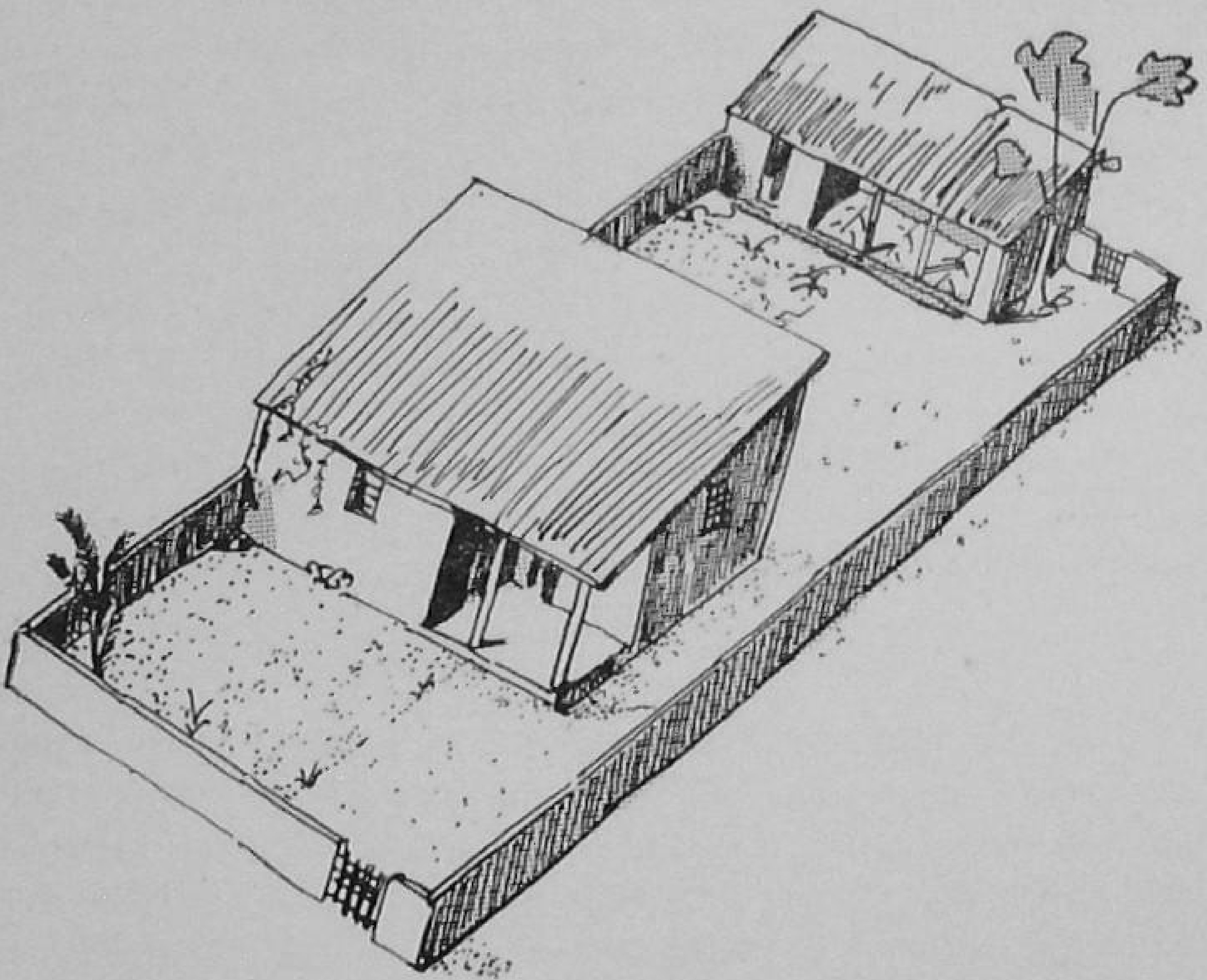


Let us take safe water first. Safe water, we must remember, promotes health and sustains life. Impure water, on the other hand, spreads diseases like cholera, typhoid and dysentery. Often, our wells are unprotected. The water is easily polluted by dirty ropes, by falling leaves or by people bathing or washing their clothes on them. The dirty water drains down and contaminates the well. The supply of safe drinking water is vital to public health.

Another important problem of environmental sanitation is the provision of drainage, the disposal of refuse and nightsoil and the arrangement for drainage in our villages. The dirty water from the houses collects in the lanes and finally makes its way to an open cesspool or the village tank. These breed mosquitoes, give out foul smell and finally lead to disease. Hardly any house has a latrine.

The land all round the village is the communal latrine. The soil is incessantly polluted on a vast scale. The proper disposal of refuse and nightsoil is a public health measure essential for the control of many diseases now prevalent in our villages. Unless we solve these problems, we cannot hope to improve our health.

The problem of housing is equally important. Housing, let us remember, is closely related to health. Bad housing results in dirty habits, homes and streets.



Thus, it is essential to make provision for safe water, satisfactory disposal of refuse and nightsoil, sanitary latrines and improved houses.

The arrangements will, however, differ from area to area depending upon local conditions. The district medical officer of health will advise about the methods of disposal of sullage water and the construction of soakage and manure pits, smokeless *chullas*, ventilators, street pavements, etc.

As far as rural areas are concerned, the collection of data is most unsatisfactory. The reports regarding the cause of illness and death are most unreliable and can serve no useful purpose. No scientific work or preventive activity can be carried out in the absence of proper and reliable data.

In order to enable the medical officer in charge of the primary health centre to draw up a programme for the future, it is most essential that he should have an accurate picture of the conditions existing in the area. The staff of the health department should, therefore, carry out a health survey of the locality so that correct statistical data may be available.

The health staff may also during the course of their visits come across persons suffering from specific diseases like tuberculosis, leprosy, filariasis, etc., that may be particularly prevalent in the area. These should be followed up by more accurate and detailed survey with the help of the district medical officer of health.

CHAPTER VII

CONCLUSION

The opening of the primary health centres in the Community Project areas and National Extension blocks is an important step in the direction of providing medical aid to our people and thereby developing better health conditions and building up hygienic surroundings. Obviously, the success depends on the people's will and on the zeal for social service, devotion to duty and close co-operation between the medical and non-medical personnel.

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